MEMBERSHIP RECORD
PRINCE GEORGE'S COUNTY BOY'S & GIRLS CLUB

Name last first middle **Date of Birth**

Address **Club**

City **State** **Zip**

Male ☐ **Female ☐**

School **Grade**

Father's Name **Occupation** **Home Phone #**

Mother's Name **Occupation** **Home Phone #**

Form No. 3, Rev. 4/01 **(SEE REVERSE SIDE)**

I understand that the Prince George's County Boys & Girls Club (PGCBGC) does not assume any responsibility for accidents or for medical, dental, hospital, or other expenses incurred as a result of accidents while traveling to or from, or participating in, the activities of the PGCBGC. _____ has my permission to join the Prince George's County Boys & Girls Club. I waive any claims against the Prince George's County Boys & Girls Club or any of its agents in the event of an accident to my child, _____. This is my child's correct address and, I understand, if this is not my child's correct address all games in which he/she participates will be forfeited. Also, I agree to abide by the Code Of Conduct as stipulated in the P.G.C.B.G.C. Ground Rules and Definitions.

_____ (Parent/Guardian Signature)

_____ (Child's Signature)

I affirm that the applicant's age as submitted here is correct.

Signature of Club President _____

Date Registered _____